

## **Field training exercises integrate cross-cultural education**

As they have for six years now, advanced practice nurses students and fourth-year medical student spent July preparing for and “deploying” to an exotic locale, the notional country of Pandakar. Two weeks of didactics at the USU were structured as preparation for their deployment, so students would be able to function as leaders and medical providers in Pandakar, also known as Fort Indiantown Gap, Pennsylvania. This year offered a new twist: developing the language and cross-cultural competencies to interact more effectively with Host Nation people.

Led by a team from the Department of Military and Emergency Medicine’s Center for Disaster and Humanitarian Assistance Medicine (CDHAM), the students gained an understanding of the emerging mission set known as Medical Stability Operations. Following the attacks of 9-11 and a decade of counter-insurgency warfare it has become clear that national security at home depends on attaining greater stability in regions around the globe. One of the most useful tools for this “soft power” is engaging partner nations through health.

Language and cross-cultural competency is a critical factor in achieving success, whether health professionals are engaging with individual patients as part of a disaster response or Medical Civic Action Program (MEDCAP), or working with Ministry of Health officials to build sustainable capacity in their health system. CDHAM created a pilot program to expose USU students to a stability operations scenario as part of a larger program, the Defense Medical Language Initiative (DMLI), to develop language and culture training for Department of Defense health personnel.

During the didactic phase students learned of a large segment of the Pandakar population that was displaced due to insurgent violence. It was anticipated that this Internally Displaced Population (IDP) might become a humanitarian emergency during the deployment, intended to be a Peacekeeping Operation.

The students were told that the local leaders had designated an area to establish the IDP camp and they were tasked with doing a site survey to determine if it would be satisfactory. When they found it to be inadequate, they had to go negotiate with the local Sheik, Dr. Shakir Jawad, and a representative from the Pandakar Ministry of Health (MoH), Dr. Ali Alameri. The wrinkle was that neither the Sheik or the MoH representative spoke English, so all negotiations had to be through an interpreter, Dr. Maysaa Mahmood. Mr. Gregg Nakano acted as a member of a Chinese non-governmental organization (NGO) competing for the favor of the Government of Pandakar and Dr. Kevin Riley CDHAM Deputy Director, portrayed a United Nations Officer.

These members of the CDHAM team provided an incredible degree of authenticity and realism for the students. A mock village was created among shipping containers, including a vendor and background sounds. Before any negotiating began, students had to participate in ceremonial toasting and the proverbial “cup of tea.” While outwardly wanting to assist the displaced people, they were of a different ethnic group, so the Sheik wanted some compensation for his people. Also, there was a dynamic tension between the Sheik, who wanted aid delivered directly to his village, and the government official who demanded it be routed through his system. The students became acutely aware of the difficulty working through an interpreter, where communication has to be in short bits and the accuracy of translation is sometimes in doubt.

The students handled themselves like true health diplomats. The most valuable outcome though, when they find themselves in a future situation where language and culture might be an obstacle to their mission, they will

be much more effective.